# USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and foure as specified below.

# U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF		COURT CASE NUMBE	ER FL		
USA		3:21-cr-00157-JJH			
DEFENDANT		TYPE OF PROCESS	AUG 17		
Sir Maejor Page		Summons and Comp	CLERK U.S. DID		
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO S	SERVE OR DESCRIP	TION OF PROPERTY TO	SEIZE OR CONCOUNTY TOLLED		
SERVE OFC Christoopher Mazur					
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	011 12/02				
Mercy Police Department, 2404 W. Sylvania Ave., Toled					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BE	1.4	umber of process to be erved with this Form 285	1		
	Sc	erved with this Form 285			
Charles M. Boss 111 W. Dudley St. Maumee, OH 43537		tumber of parties to be erved in this case	I		
	1000	heck for service n U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXALI Telephone Numbers, and Estimated Times Available for Service):  Mercy Police Department (419) 407-2263	PEDITING SERVIC	E (Include Dusiness and A	Fold		
~ "			Υ		
Signature of Attorney other Originator requesting service on behalf of:  PLAINTIFF		PHONE NUMBER	DATE		
<b>⊠</b> DEF	ENDANT 419	-893-5555	8/1/20		
SPACE BELOW FOR USE OF U.S. MARSHAL ONL	Y DO NOT	WRITE BELOW	THIS LINE		
Tacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process District of Origin Serve  No. BLO No. BLO Origin No. BLO Origin No. BLO Origin	nature of Authorized (	USMS Deputy or Clerk	Date \$\int 3\int 2\int 2		
Thereby certify and return that Land have personally served. have legal evidence of son the individual, company, corporation, etc., at the address shown above on the on the in	ervice.  have execu ndividual , company, c	uted as shown in "Remarks corporation, etc. shown at the	s", the process described ne address inserted below.		
☐ I hereby certify and return that I am unable to locate the individual, company, corpor	ation, etc. named abov	ve (See remarks helow)			
Name and title of individual served (if not shown above)		A person of suitable age and discretion then residing in defendant's usual place of abode			
Address (complete only different than shown above)  2600 NAVARRE AVE (ST. CHALLES	HOSPITAL)	S/3/22	Time Fram   S30 □ pm		
OREGON, OH 43616		Signature of D.S. M	arshallor Deputy		
including endeavors)	Annual State Control of the Control	amount owed to U.S. Marsh Amount of Refund*)	nal* or		
65.00 14.75 0 79.75			79.75		
REMARKS:   DUSW,   HR.   ENDEAUDA	10 3904	SYLVANIA.			
SERVED GT Z600 NAVARAEA	VE. 23	3.6 TOTAL	Miles,		
PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD		PRIOR	EDITIONS MAY BE USED		

- 3. NOTICE OF SERVICE
- BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/15/80 Automated 01-00

AO 89 (Rev. 08/09) Subpoena to Testify at a Hearing or Trial in a Criminal Case (Page 2)

Case No. 3:21-cr-00157-JJH

#### PROOF OF SERVICE

Additional information regarding attempted service, etc:

								ECEIPT AND RETURN or Service of Process by U.S. Marshal"			
				NAMES OF THE OWNER OWNE							
PLAINTIFF					COURT CASE NUMBER			AUG			
JSA				3:21-cr-00157-JJH							
DEFENDANT				TYPE OF PROCESS			CLERK.				
Maejor Page				Summons and Complaint			NORTH				
NAME OF INDIVIDU	JAL, COMPANY,	CORPOR	RATION. ETC	TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	SEIZE OR	CONDEMN			
SERVE OFC Christoopher											
AT ADDRESS (Street or I											
Mercy Police Department					3						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW				Number of process to be served with this Form 285		1					
Charles M. Ross											
Charles M. Boss 111 W. Dudley St.					Number of parties to be		1				
Maumee, OH 43537					serve	d in this case	1				
					Check	k for service					
					on U	S.A.					
ignature of Attorney other Originator rea	questing service or	ı behali o		PLAINTIFF DEFENDANT	1F1 FPHO	ONE NI MBER 13-5555	DATE 8/1/20				
SPACE BELOW FOR U	SE OF U.S.	MAR		THE PROPERTY OF THE PROPERTY O	The state of the s	ease or entire contract of the	THIS	LINE			
Lacknowledge receipt for the total   Total Process   District of			District to	t to Signature of Authorized USMS Deputy of			Date				
number of process indicated.	ber of process indicated. Origin Serve		70:	. //			1-1-				
Sign only for USM 285 if more han one USM 285 is submitted)	No f	360	No. B60	Clau	ista			4/5/2			
hereby certify and return that LA have on the individual, company, corporation,	personally served etc. at the address	I . [] have s shown a	e legal evidence bove on the on	te of service. have the individual, com	e executed pany, corpo	as shown in "Remark pration, etc. shown at the	s", the proce	ess described inserted below.			
I hereby certify and return that I am	unable to locate th	e individu	ial. company, o	corporation, etc. name	ed above (S	See remarks helow)					
Name and title of individual served tif not shown above)				A person of suitable age and discretion then residing in defendant's usual place of abode							
Address (complete only different than she	own above)					Date	Time	15-			
2600 NAVARRE	AVE (	ST	CHALL	= S Hosp +	24)	£/3/22	1530	an p			
88				I.		37-1					
OREGON, OH	9/2016					Signature of bis M	- H7	eputy			
Service Fee Total Mileage Charge	es Forwarding Fe	e To	tal Charges	Advance Deposits	1	int owed to U.S. Marsh	nal* or				
including endeavors)	including endeavors) 1475 0 0 7975				\$0.00 79.75						
REMARKS:   DUSW   1	HR.	LEN	DEAVON	J TO 34	04 57	LVAUIA					
SERVED G						TOTAL	MILE	5.			
					0						

- PRINT 5 COPIES: 1 CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*. To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshall

5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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